Kathleen L.

24

IPE	PART B - FEE(S) TRA	NSMITTAL
complete and send this form, together v	with applicable fee(s), to: Mail	Mail Stop IS

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS on form should be used for transmining the ISSUE FEE and PUBLICATION FEE (if required) Blocks I through 5 should be completed where appropriate Alls other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as the correspondence below or directed otherwise in Block I, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the fee(s) Transminal. This certificate cannot be used for any other accompanying papers, fach additional paper, such as an assignment or formal drawing, must have us own certificate of mailing or transmission.

CURRENT CORRESPONDENCE ADDRESS (Note, Use Stock) for any country of accepta-

02/0p/2txth

CROMPTON, SEAGER & TUFTE, LLC 1221 NICOLLET AVENUE

SUITE 800

10/723,053

04/25/2006 TBESHAH2 00000008 500413 10723053

APPLICATION

FILING DATE 11/26/2003

FURST NAMED INVENTOR

Jim Windbeuser

ATTORNEY DOCKET NO. 1001.1698103

Boekley

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE PEE address above or being facsimite transmitted to the USPTO (571) 273-2885, on the date indicated below.

> CONFIRMATION NO 7818

(Date

TITLE OF INVENTION: GUIDEWIRE AND CATHETER LOCKING DEVICE AND METHOD

	SMALL ENTITY	ISSUE	FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	0.777.7775	
Bonbrossing	NO	\$1400		\$300	\$1700	05/08/2006	
EXAMINER KENNEDY, SHARON E		ART UNIT 3767		CLASS-SUBCLASS]	03/08/2006	
				604-165020			
	e address or indication of "F		2 For pr	inneg on the patent front page, !	131		
Change of correspondence address (or Change of Correspondent Address form PTO/SB/122) attached.			(1) the names of up to 3 registered parent enormeys 1 CROMPTON, SEAGER &				
"Fee Address" indicar	non (or "Fee Address" Indic.	arron form		and of a single firm (having as a surprise of a single firm) and the man	a member a		
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		of a Customer	listed, no name will be printed.				
ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATEN	7 (200			
PLEASE NOTE: Unless recordation as set forth in	37 CFR 3 11 Consistent	low, no assigned	data wil] api	pear un the patent. If an assign for filing an assignment.	CC is identified below the ac	Mithiant B., Sa., E. J.	
(A) NAME OF ASSIGNI	EF	ar dus form it MO	(B) RESIDI	: for filing an assignment. ENCE (CITY and STATE OR C	COUNTRY)	wattern 1122 boets 1116st	
Boston Scien	ntific Corporat				•		
			Mal	'CK. Massachuseri	r c		
use check the appropriate	assignee canagory or entegor		ited on the t	ick, Massachusett	TS		
The following fee(s) are o	assigner category or categor	nes (will not be pri	inted on the p	satent): 🔲 Individual 🔀 Co	S progration of other private gro	up cuttry 🔲 Governme	
The following fee(s) are a	nclosed.	nes (will not by pri	inted on the p	Satent): [Individual [Co	priporation or other private gro	up cotity 🚨 Governme	
The following fee(s) are e sissue Fee Si Publication Fee (No so	nclosed	nes (will not be pri 4b.	Payment of	Second :	riosed.	up entity 🔲 Covernme	
The following fec(s) are of Issue Fec Publication Fec (No sp Advance Order - # of	nall entity discount permitte Copies <u>One (1)</u>	nes (will not by pn 4b.	Payment of A check Payment Payment	Fee(s): Individual	orporation or other private gro	if ADV UVETDAVTARDI. TO	
The following fee(s) are of sissue fee Publication fee (No single) Advance Order - # of this hange in Entiry Status (nelosed. null entity discount permittee Copies One (1) from status indicated above	nes (will not by pri 4b.	Payment of A check Payment Payment	Second :	orporation or other private gro		
The following fee(s) are of sissue fee Ablication fee (No single Advance Order - # of the sissue fee in Entity Status (A Applicant claims SM	nall entity discount permittee Copies One (1) from status indicated above) [ALL ENTITY status See 3	4b.	Payment of A check Payment Payment Payment Deposit A	Fee(s): Individual S Co Fee(s): In the amount of the fee(s) to em by credit card, form PTO-2038 For is hereby supported by characcount Number 50-0413	orporation or other private gro	it any overpayment, to copy of this form).	
The following fee(s) are of sissue fee Ablication fee (No single Advance Order - # of the sissue fee in Entity Status (A Applicant claims SM	nall entity discount permittee Copies One (1) from status indicated above) [ALL ENTITY status See 3	4b.	Payment of A check Payment Payment Payment Deposit A	Fee(s): Individual S Co Fee(s): In the amount of the fee(s) to em by credit card, form PTO-2038 For is hereby supported by characcount Number 50-0413	orporation or other private gro	it any overpayment, to copy of this form)	
The following fee(s) are of sissue fee Ablication fee (No single Advance Order - # of the sissue fee in Entity Status (A Applicant claims SM	nall entity discount permittee Copies One (1) from status indicated above) [ALL ENTITY status See 3	4b.	Payment of A check Payment Payment Payment Deposit A	Nation (): Individual (M) Co Fee(s): In the amount of the fee(s) is em- by credit eard, form PTO-2038 eter is hereby surported by char account Number 50-0413	orporation or other private gro	it any uverpayment, so copy of this form)	

this collection of information is required by 37 CFR 1.311. The information is required to obtain or return a benefit by the public which is to file (and by the USPTO to provess) submitting the completed application form to the USPTO to provess) submitting the completed application form to the USPTO Time will vary depending upon the individual case. Any conditions in the amount of time you require to complete Box 1430, Alexandria, Virginia 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Commissioner for Patents, PO Box 1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PTOL-85 (Rev. 01/06) Approved for use through 04/30/2007

OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE



1221 Nicollet Avenue, Suite 800 Minneapolis, Minnesota 55403-2420 Phone 612.677.9050 Fax 612.359 9349

FAX TRANSMISSION COVER LETTER

TO: Commissioner for Patents

Attn: Mail Stop Issue Fee

P.O. Box 1450

Alexandria, VA 22313-1450

DATE: April 24, 2006

FROM: David M. Crompton

OUR REF: 1001.1698103 TELEPHONE: 612-677-9050

Total pages, including cover letter: 4

PTO FAX NUMBER: <u>571-273-2885</u>

If you do NOT receive all of the pages, please telephone us at (612) 677-9050, or fax us at (612) 359-9349.

Title of Document(s) Transmitted: ISSUE FEE TRANSMITTAL IN DUPLICATE, AND

CHANGE IN FEE ADDRESS

Applicant: Jim Windheuser et al.

Serial No.: 10/723,053 Filed: November 26, 2003 Group Art Unit: 3767

Our Ref. No.: 1001.1698103 Confirmation No.: 7818 Customer No.: 28075

Please charge Deposit Account No. 50-0413 as follows:

Fee Code <u>1501</u>

Fee Code 1504

Fee Code 1801

Please charge any additional fees or credit overpayment to Deposit Account No. 50-0413.

Reg. No. 36,772

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Name Kathleen L Boekley

Date